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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> |  | Attorney Docket No. <b>509982005700</b>  |  |
|   |  | First Inventor <b>Joerg BISCHOFF</b>   |  |
|   |  | Title <b>AZIMUTHAL SCANNING OF A STRUCTURE<br/>FORMED ON A SEMICONDUCTOR WAFER</b> |  |
|   |  | Express Mail Label No. <b>EL968416505US</b>  |  |

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) w/copy (2 pages)<br><small>(Submit an original, and a duplicate for fee processing)</small><br>2. <input type="checkbox"/> Applicant claims small entity status.<br><small>See 37 CFR 1.27.</small><br>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>18</b>]</span><br><small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the invention</li> <li>- Brief Summary of the invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>6</b>]</span><br>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>3</b>]</span> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/> <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>           Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (3 pages) | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul> |
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| <b>ACCOMPANYING APPLICATIONS PARTS</b>  |  |
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) (4 pages)<br>10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement w/copy of Assignment (4 pages) <input checked="" type="checkbox"/> Power of Attorney (3 pages)<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small><br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br><small>Applicant must attach form PTO/SB/35 or its equivalent.</small><br>17. <input type="checkbox"/> Other: | 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____<br>Prior application information: Examiner _____ Art Unit: _____<br><b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |

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| <b>19. CORRESPONDENCE ADDRESS</b>  |          |
| <input checked="" type="checkbox"/> Customer Number: <b>20872</b> OR <input type="checkbox"/> Correspondence address below |          |
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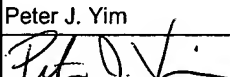
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|---------------------------------------|---|
| Name (Print/Type) <b>Peter J. Yim</b> | Registration No. (Attorney/Agent) <b>44,417</b> |
| Signature                             | Date <b>October 28, 2003</b>                    |

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| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL968416505US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.<br>Dated: <b>October 28, 2003</b> Signature:  (Janet Hollrah) |  |
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|---|----------|---|----------------|--|-------------|-----------------------|----------------|---|--------------|--------------|----------|-----------------|----------|--------------------|----------|----------|----------|------------------------|--------------------|------|-----|-------------------------------------|--------|-----------------------------------|----|------|-----|---|-----|---------------------------------------|-----|------|-----|---------------------------|-----|--|-------|------|-------|--|----|--|------|---------------------|------|--|--|------|-------------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|-------|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|------------------------------------|--|--|--|--|--|
| Effective 01/01/2003, Patent fees are subject to annual revision.   |          |   |                | Application Number   |             | Not Yet Assigned      |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
|   |          |   |                | Filing Date  |             | Concurrently Herewith |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
|   |          |   |                | First Named Inventor   |             | Joerg BISCHOFF        |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
|   |          |   |                | Examiner Name  |             | Not Yet Assigned      |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
|   |          |   |                | Art Unit   |             | N/A                   |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |          |   |                | Attorney Docket No.  |             | 509982005700          |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$)     900.00  |          |   |                |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)  |          |   |                | FEE CALCULATION (continued)  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None   |          |   |                | <b>3. ADDITIONAL FEES</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="6" style="text-align: right;"> <b>SUBTOTAL (3)</b>     (\$)     40.00                 </td> </tr> </tbody> </table> |             |                       |                | Large Entity  |              | Small Entity |          | Fee Description | Fee Paid | Fee Code           | Fee (\$) | Fee Code | Fee (\$) | 1051                   | 130                | 2051 | 65  | Surcharge - late filing fee or oath |        | 1052                              | 50 | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet. |     | 1053                                  | 130 | 1053 | 130 | Non-English specification |     | 1812   | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 1804   | 920* | 1804                | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840*      | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> (\$)     40.00 |  |  |  |  |  |
| Large Entity  |          | Small Entity  |                |  |             |                       |                | Fee Description   | Fee Paid     |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$)       |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1051  | 130      | 2051  | 65             |  |             |                       |                | Surcharge - late filing fee or oath                     |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1052  | 50       | 2052  | 25             |  |             |                       |                | Surcharge - late provisional filing fee or cover sheet. |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1053  | 130      | 1053  | 130            | Non-English specification  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1812  | 2,520    | 1812  | 2,520          | For filing a request for <i>ex parte</i> reexamination   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1804  | 920*     | 1804  | 920*           | Requesting publication of SIR prior to Examiner action   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1805  | 1,840*   | 1805  | 1,840*         | Requesting publication of SIR after Examiner action  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1251  | 110      | 2251  | 55             | Extension for reply within first month   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1252  | 410      | 2252  | 205            | Extension for reply within second month  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1253  | 930      | 2253  | 465            | Extension for reply within third month   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1254  | 1,450    | 2254  | 725            | Extension for reply within fourth month  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1255  | 1,970    | 2255  | 985            | Extension for reply within fifth month   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1401  | 320      | 2401  | 160            | Notice of Appeal   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1402  | 320      | 2402  | 160            | Filing a brief in support of an appeal   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1403  | 280      | 2403  | 140            | Request for oral hearing   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1451  | 1,510    | 1451  | 1,510          | Petition to institute a public use proceeding  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1452  | 110      | 2452  | 55             | Petition to revive - unavoidable   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1453  | 1,300    | 2453  | 650            | Petition to revive - unintentional   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1501  | 1,300    | 2501  | 650            | Utility issue fee (or reissue)   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1502  | 470      | 2502  | 235            | Design issue fee   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1503  | 630      | 2503  | 315            | Plant issue fee  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1460  | 130      | 1460  | 130            | Petitions to the Commissioner  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1807  | 50       | 1807  | 50             | Processing fee under 37 CFR 1.17(q)  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1806  | 180      | 1806  | 180            | Submission of Information Disclosure Stmt  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 8021  | 40       | 8021  | 40             | Recording each patent assignment per property (times number of properties)   | 40.00       |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1809  | 750      | 2809  | 375            | Filing a submission after final rejection (37 CFR 1.129(a))  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1810  | 750      | 2810  | 375            | For each additional invention to be examined (37CFR 1.129(b))  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1801  | 750      | 2801  | 375            | Request for Continued Examination (RCE)  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1802  | 900      | 1802  | 900            | Request for expedited examination of a design application  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Other fee (specify) _____   |          |   |                |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>SUBTOTAL (3)</b> (\$)     40.00  |          |   |                |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <input checked="" type="checkbox"/> Deposit Account<br>Deposit Account Number: 03-1952<br>Deposit Account Name: Morrison & Foerster LLP   |          |   |                |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| The Director is hereby authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          |   |                |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| FEE CALCULATION   |          |   |                |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1. BASIC FILING FEE   |          |   |                |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$) 770.00</td> </tr> </tbody> </table>  |          |   |                | Large Entity   |             | Small Entity          |                | Fee Description   | Fee Paid     | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1001               | 770      | 2001     | 385      | Utility filing fee     | 770.00             | 1002 | 330 | 2002                                | 165    | Design filing fee                 |    | 1003 | 520 | 2003  | 260 | Plant filing fee                      |     | 1004 | 750 | 2004                      | 375 | Reissue filing fee                                 |       | 1005 | 160   | 2005   | 80 | Provisional filing fee                                     |      | <b>SUBTOTAL (1)</b> |      |  |  |      | (\$) 770.00 |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Large Entity  |          | Small Entity  |                | Fee Description  | Fee Paid    |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$)       |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1001  | 770      | 2001  | 385            | Utility filing fee   | 770.00      |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1002  | 330      | 2002  | 165            | Design filing fee  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1003  | 520      | 2003  | 260            | Plant filing fee   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1004  | 750      | 2004  | 375            | Reissue filing fee   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1005  | 160      | 2005  | 80             | Provisional filing fee   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |          |   |                |  | (\$) 770.00 |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE   |          |   |                |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>25</td> <td>-20 =</td> <td>5 x 18</td> <td>= 90.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3 =</td> <td>0 x 84</td> <td>= 0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0</td> <td>= 0.00</td> </tr> </tbody> </table>   |          |   |                |  |             | Extra Claims          | Fee from below | Fee Paid  | Total Claims | 25           | -20 =    | 5 x 18          | = 90.00  | Independent Claims | 3        | -3 =     | 0 x 84   | = 0.00                 | Multiple Dependent |      |     | 0                                   | = 0.00 |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
|   |          | Extra Claims  | Fee from below | Fee Paid   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Total Claims  | 25       | -20 =   | 5 x 18         | = 90.00  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Independent Claims  | 3        | -3 =  | 0 x 84         | = 0.00   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Multiple Dependent  |          |   | 0              | = 0.00   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$) 90.00</td> </tr> </tbody> </table> |          |   |                | Large Entity   |             | Small Entity          |                | Fee Description   | Fee Paid     | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1202               | 18       | 2202     | 9        | Claims in excess of 20 |                    | 1201 | 84  | 2201                                | 43     | Independent claims in excess of 3 |    | 1203 | 280 | 2203  | 140 | Multiple dependent claim, if not paid |     | 1204 | 84  | 2204                      | 42  | ** Reissue independent claims over original patent |       | 1205 | 18    | 2205   | 9  | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |      |  |  |      | (\$) 90.00  |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Large Entity  |          | Small Entity  |                | Fee Description  | Fee Paid    |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$)       |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1202  | 18       | 2202  | 9              | Claims in excess of 20   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1201  | 84       | 2201  | 43             | Independent claims in excess of 3  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1203  | 280      | 2203  | 140            | Multiple dependent claim, if not paid  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1204  | 84       | 2204  | 42             | ** Reissue independent claims over original patent   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 1205  | 18       | 2205  | 9              | ** Reissue claims in excess of 20 and over original patent   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>   |          |   |                |  | (\$) 90.00  |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |          |   |                |  |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| SUBMITTED BY  |          |   |                | Complete (if applicable)   |             |                       |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Name (Print/Type)   |          | Peter J. Yim  |                | Registration No. (Attorney/Agent)  |             | 44,417                |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Signature   |          |  |                | Telephone  |             | (415) 268-6373        |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
|   |          |   |                | Date   |             | October 28, 2003      |                |   |              |              |          |                 |          |                    |          |          |          |                        |                    |      |     |                                     |        |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |      |             |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |